

EXHIBIT

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**LABORATORIES, INC.®**

2109A North Hamilton Street • Richmond, Virginia 23230 • Tel: (804) 358-8295 Fax: (804) 358-8297

## **Certificate of Analysis**

### ***Final Report***

**Laboratory Order ID 08080319**

Client Name: Omega Protein  
P.O. Box 175  
610 Menhaden Road  
Reedville, Virginia 22539

Date Received: August 21, 2008

Date Issued: August 26, 2008

Submitted To: Bill Purcell

Project Number: NA

Client Site I.D.:

Purchase Order: NA

Sample I.D.: Refrig/BoilWater

Laboratory Sample I.D.: 08080319-001

Date/Time Sampled: 08/21/08 12:45

Parameter	Method	Sample Results	Rep Limit	Analysis Date/Time	Analyst
BOD	SM18/5210B	34500 mg/L	2.0	08/21/08 17:40	WBP

Ted Soyars

Laboratory Manager



2109A NORTH HAMILTON STREET  
 RICHMOND, VIRGINIA 23230  
 (804) 358-8295 PHONE  
 (804) 358-8297 FAX

# CHAIN OF CUSTODY

PAGE \_\_\_\_ OF \_\_\_\_

CLIENT NAME: <u>Omega Protein</u>	PROJECT NAME: <u>Special -</u>
CLIENT CONTACT: <u>Bill Purcell</u>	SITE NAME:
CLIENT ADDRESS: <u>P.O. BOX 175 REEDVILLE VA 22539</u>	PROJECT NUMBER:
CLIENT PHONE NUMBER: <u>804 453 4211 X 202</u>	P.O. NUMBER:
CLIENT FAX NUMBER: <u>4123</u>	EMAIL: <u>bpurcell@omega-protein.com</u>
REGULATORY AUTHORITY:	
Is sample for compliance reporting? YES <u>(NO)</u>	Is sample from a chlorinated supply? YES <u>(NO)</u>
PWS I.D. #:	

SAMPLER NAME (PRINT):	SAMPLER SIGNATURE:	Turn Around Time: <u>5 days</u> Day(s)
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Have ammonia and TKN samples been verified to be dechlorinated at the time of sampling?: YES NO	MATRIX	ANALYSIS	COMMENTS
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CLIENT SAMPLE I.D.	Composite Start Date	Composite Start Time	Grab Date or Composite Stop Date	Grab Time or Composite Stop Time	Number of Containers	Grab	Composite	Field Filtered (Dissolved Metals)	Ground Water / Surface Water	Waste Water / Storm Water	Drinking Water	Soil	Solids	Other							Quote I.D.:
1) <u>Refrig / haul waste</u>			<u>8/21</u>	<u>12:45</u>	<u>1</u>	<u>1</u>				<u>1</u>					<u>1</u>						<u>High Strength Waste 25,000 +</u>
2)																					
3)																					
4)																					
5)																					
6)																					
7)																					
8)																					
9)																					
10)																					

RELINQUISHED: <u>Bill Purcell</u>	DATE / TIME: <u>8/21 1:05</u>	RECEIVED: <u>W.A. Burke</u>	DATE / TIME: <u>8-21-08 1:05</u>	QC Data Package	LAB USE ONLY	COOLER TEMP _____ °C
RELINQUISHED: <u>W.A. Burke</u>	DATE / TIME: <u>8/21 2:55</u>	RECEIVED: <u>K. B. B. B.</u>	DATE / TIME: <u>8-21-08 14:58</u>	Level I <input type="checkbox"/>	OP	08080319
				Level II <input type="checkbox"/>		
				Level III <input type="checkbox"/>		
RELINQUISHED:	DATE / TIME:	RECEIVED:	DATE / TIME:	Level IV <input type="checkbox"/>		



DUE: 5 Days  
 Recd: 08/21/08



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OP

08080319

Sample Conditions Chec



DUE: 5 Days

Recd: 08/21/08

Opened by: (print)

A. McGinley

Lab ID No.:

(sign)

A. McGinley

Date Cooler Opened:

8-21-08

- |     |   | YES                                 | NO                       | N/A                                 |
|-----|---|-------------------------------------|--------------------------|-------------------------------------|
| 1.  | How were samples received?  |                                     |                          |                                     |
|     | Fed Ex <input type="checkbox"/>   |                                     |                          |                                     |
|     | UPS <input type="checkbox"/>  |                                     |                          |                                     |
|     | Courier <input type="checkbox"/>  |                                     |                          |                                     |
|     | Walk In <input checked="" type="checkbox"/>   |                                     |                          |                                     |
| 2.  | Were custody seals used?  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3.  | If yes, are custody seals unbroken and intact at the date and time of arrival?                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4.  | Are the custody papers filled out completely and correctly?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5.  | Do all bottle labels agree with custody papers?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6.  | Are the samples received on ice?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7.  | Is the temperature blank or representative sample within acceptable limits?<br>(4 degrees Celsius +/-2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8.  | Are all samples within holding time for requested tests?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 9.  | Is a sufficient amount of sample provided to perform the tests indicated?                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 10. | Are all samples in proper containers for the analyses requested?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 11. | Are all samples appropriately preserved for the analyses requested?                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| 12. | Are all volatile organic containers free of headspace?  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

COMMENTS

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